

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	INO.	DEP.	INO.	DEP.	INO.	DEP.		INO.	DEP.	INO.	DEP.	INO.	DEP.
1	1						61						
2							62						
3							63						
4							64						
5							65						
6							66						
6							66						
7							67						
8							68						
9							69						
10							69						
11							69						
12							69						
13							69						
14							69						
15							69						
16							69						
16							69						
17							69						
18							69						
19							69						
20							69						
21							69						
22							69						
23							69						
24							69						
25							69						
26							69						
27							69						
28							69						
29							69						
30							69						
31							69						
32							69						
33							69						
34							69						
35							69						
36							69						
37							69						
38							69						
39							69						
40							69						
41							69						
42							69						
43							69						
44							69						
45							69						
46							69						
47							69						
48							69						
49							69						
50							69						
TOTAL	5						TOTAL						
TOTAL	894						TOTAL						

CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21	1						71						
22							72						
23							73						
24							74						
25	1						75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33	1						83						
34							84						
35							85						
36							86						
37							87						
38							88						
39	1						89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5						TOTAL IND.						
TOTAL DEP.	41						TOTAL DEP.						
TOTAL CLAIMS	46						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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